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Original Articles.

THE RATIONAL TREATMENT OF BUBO.

By G. FRANK LYDSTON, M. D.

[Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Chicago College of Physicians and Surgeons.]

SOME eight or ten years ago I pub-lished an elaborate article on the treatment of bubo, in which I reviewed the subject quite exhaustively. I recall with some amusement, the elaborate details of prophylaxis of pus formation which I then laid down. For several years past, my treatment of bubo has become resolved into very simple elements.

These elements are: 1st, prophylaxis of bubo; 2d, treatment of bubo prior to distinct abscess formation; 3d, treatment of suppurating bubo. The means of prophylaxis of bubo may be briefly formulated as: 1st, thorough cauterization of chancroid; 2d, avoidance of irritants and the maintenance of as complete rest as practicable, in all urethral or genital lesions, "specific" or non-specific.

The treatment of inguinal adenitis prior to apparent suppuration, is worthy of most careful consideration. I desire to put myself on record as believing that the ideal prophylactic of pus formation is the early and complete extirpation of the affected glands. I certainly believe it the duty of the surgeon to extirpate the glands in every case in which distinct enlargement occurs and persists for several days in spite of rest and poulticing.

It has been my experience that foci of suppuration form in the affected glands very early in the case. I have seen them on the third day. These foci of suppuration are at first, chiefly at the periphery of the gland and the likelihood of infection of the peri-glandular tissues, is correspondingly great. focus of suppuration no larger than a pin's head, is sufficient when ruptured. to infect the surrounding tissues. Once these tissues are infected, the surgeon may bid good bye to his hopes of preventing annoying and enduring suppuration. I have seen foci of gelatiniform degeneration of the gland tissue within a few days after the onset of the This .tissue necrosis may be described as the pre-suppurative stage of bubo in some cases. It is evidently due to absorption of toxines from the primary focus of infection in the genitalia.

The history of our attempts to prevent suppuration is in most cases very discouraging; we usually go on temporizing for some days or weeks, only to find that suppuration finally occurs.

The abscess is easily opened it is true, but the surrounding tissues are so thoroughly infected that none may say when healing will occur. We may have during this delay, more or less constitutional disturbance which may be of a serious

The possibility of tubercular infection is also to be taken into consideration. Looking back to my hospital days, I recall many wearying cases of bubo of long standing. I recall particularly, the digging, scraping and cauterizing of the proliferating glands in open buboes, and the everlasting duration of healing under such treatment.

It is my opinion that in by far the majority of cases, suppuration has really occurred within a week after the onset of the bubo, even in the less fulminant varieties. Sometimes, perhaps, absorption may occur, but I believe this to be rare, and certainly not to be desired.

The golden moment then, is before distinct suppuration, *i. e.*, fluctuation has occurred, and this opportunity should be improved by a radical operation. Even though the glands may not suppurate, they are a perpetual source of annoyance and anxiety, for they do not readily go back to their normal state.

By the early removal of the glands we effectually prevent in the majority of cases, infection of the surrounding tissues and subsequent annoying abscess. In all cases, we remove a possible im-

pediment to locomotion.

In most cases, healing is primary and prompt, and when it is not so, it is because the operation has been too long delayed. Even though primary union does not occur, healing is much more prompt than in cases operated on later, for all of the originally infected tissues have been removed, and there are no glandular remnants to perpetuate suppuration.

When suppuration has actually taken place, and peri-adenitis exists, free incision and curetting is demanded. If the bubo be not virulent, suturing is justifiable if due antisepsis be observed. Virulent bubo in full suppuration, requires: 1st, thorough cleansing with peroxide of hydrogen; 2d, cauterization with pure bromine or carbolic acid. When granulation is well advanced, secondary suturing is admissible. For dressing granulating buboes, there is nothing equal to oakum or balsam Peru.

In conclusion, I will state it as my opinion that an early operation should be urged in all cases of bubo not distinctly syphilitic and even in the latter where a tendency to inflammation exists. By thus operating we secure: 1st, possible security from constitutional sepsis; 2d, immunity from possible gland tuberculosis and secondary general infection; 3d, prevention of suppuration, chronic abscess and sinuses; 4th, avoidance of

extensive tissue destruction and a resulting unsightly scar; 5th, an avoidance of serious interruption of the patient's vocation; 6th, a duration of healing measured by a few days or weeks, in lieu of the many weeks or months required by other plans of management; 7th, freedom from dangerous, infective or hemorrhagic complications.

OPERA HOUSE BLOCK, CHICAGO.

DIET AND VOICE. By EPHRAIM CUTTER, M. D.

[Continued from THE TIMES AND REGISTER of February 25, 1893.]

ERATED waters, though not regard-A ed as foods, need mention since they are so much used at meals. They depend for their effervescence on CO2 gas, which is the poison of the venous blood, and removed from the lungs as a waste product. Certainly it is not a food, as it is not a normal element of the tissues in its free state and does not comply with the definition here given. At first it is an agreeable stimulant. Poisons like the sugar of lead are agreeable. But CO₂, long continued in excess, is a paralyzing agent on the parts in which it comes in contact, and adds unnecessarily to the work of the lungs to rid the system of it. When the muscles of the stomach are not too much paralyzed CO2 is eructated. Otherwise the stomachic walls may be distended and thickened and the whole abdomen seem as if taken up by the distended organ. CO2 .may exosmose and paralyze the diaphragm and heart, weakening both; all of which acts to the detriment of voice culture, one secret of which is that the lungs are kept full by a free action of the diaphragm, expansion of the abdomen and the expiration of the breath, controlled by the breath bands commonly called the false Besides, the mechanical vocal cords. distension of the abdomen inteferes with the respiratory movements. Again CO2 in large quantity and long continued is regarded by some (of whom I am one) as a great cause, by its paralyzing power, of catarrhs, which, when located in the throat, make much trouble for vocalists. Again, the large amount of sugar in soda water helps to form more CO2 in the alimentary canal, especially when it gets into a stomach filled more or less with

fermenting yeasts, because the peristalsis has not cleansed it enough. Enlarged and distended stomachs do not propel forward food, so rapidly as healthy ones.

From all this vocalists should avoid carbonic acid waters. If we could have our drinks aerated with oxygen gas, it would be a great improvement.

BEVERAGES.

Most of these contain infusions of roots and herbs, with a mild admixture of carbonic acid gas, alcohol, resins and essential oils. Home-made beer, cider, mead, perry and must come under this category. CO₂ is the main objection to them. They are the least objectionable of all fermented drinks. They refresh, to be sure, but it is a question I have solved for my own benefit that I am better off to drink pure distilled water or spring water, at the ordinary temperature of the atmosphere and without CO2. My thirst is slaked, my body cooled, my stomach not chilled. If there is gas in my stomach, it is passed along and its paralyzing effects on the throat are avoided. I think that vocalists should use distilled or spring waters when they are to be had.

MALTED LIQUORS.

In the time of Edward IV. the law to pay Christmas singers and in existence until recently was, "He eateth in ye halle with mynstrieles, and taketh at night a loffe, a galone of ale, and for Sommere ij candles pich, a bushel of coles * * * * if he be syke, he taketh twoe loaves, ij messe of meat, one gallon of ale;" Realm of music, p. 64, by Prof. L. C. Elson, who thus comments: "One would imagine that the many gallons of ale would eventually have hurt his voice!" These are the writer's sentiments; for beside the mechanical, physiological and pathological effects of the CO₂ in ale, the alcohol adds its like effects. My experience is limited as to music in beer gardens, but generally it is furnished by performers on the stage, while the bloated listeners stupidly sit, smoke and drink, but don't sing much. Their wise, stolid looks come from a preoccupation of the system, with its tasks to take care of the beer in the stomachs and the tobacco in the lungs. There is not much left of life force to speak or

sing with. From the magnificent plants of the manufacturers, the costly teams and turn-outs, the aesthetic and artistic beauties of the beer saloon, the political control and the lavish display of wealth by brewers, one would think that the chief end of man was to make and drink beer, and that its manufacturers were the highest development of anthropological culture and evolution. large part of the procession of the quarter millennial of Boston was made up of empty beer and ale casks, piled high in air!! But life does not consist in drinking beer, nor is the greatness of Boston in beer so much as in tea, as revolutionary times showed.

With all due respects to the German nation, I think they are greater in instrumental than in vocal music. Save at the Xth International Med. Congress I have never heard German vocalists excel those of other nations. They tolerate singers out of tune and time; even on special occasions where perfection was to be expected. If in musical performances we include the audience (and we must, since a concert requires an audience) then the drinking customs are peculiar in Germany. I saw at Berlin, 1890, at a concert, between the pieces, a man take from under his chair a tall champagne bottle, remove the cork and then putting his mouth to the bottle mouth elevate the bottle from the horizontal position to a vertical and guzzle down drink on the front row of seats !! Had not my wife arrested me from behind I should have roared with laughter.

There is a fascination in doing something when one hears music. For example, watch a beautiful picture. The figures will become animated and seem to almost move and a curious feeling will pervade the frame which is very agreeable while the music is performed. It is possible that my vertical bottle drinker friend derived a like pleasure from digesting his liquid food and hearing the music,

but it was curious ethics!

It cannot be denied that malt liquors are food to a certain extent, as the malting makes the barley more soluble in the water of the beer and hence easier to digest.

The water certainly is food. The hop is not.

The vocalist who abstains from malt foods in excess will make no mistake. The bane of man is fermentation in the alimentary canal, as we hope the reader will clearly see before we are through. Good vocalization implies the existence of good health. Fermentation implies bad health. Hence, fermentation and good vocalization are incompatible. Had the soloists at Berlin imitated the vertical bottle drinker in their audience, it is doubtful if we would have heard one of the best concerts in the world.

WINES.

Where there is not already too much fermentation going on in the alimentary canal, the use of wines, genuine and moderately employed, is beneficial. The soluble parts of the grape juice, not changed into alcohol or vinegar, are foods, but inferior to solid foods for nourishment. Some nations, as the Jews, have used wine for food-Our Savior used wine. While there is an authorized use of wine there are many unauthorized uses, i. e., when one is urged to drink against his will to comform to the ethics of the table, saloon or bar. No one should be dictated to as to what he eats, drinks or wears, unless in case of children or minors, or when dictation is asked for. For vocalists to diet on wine, because some insist he shall for company's sake, is an infraction of inalienable rights. It is refreshing to see those who drink at the present day, pay more respect than they did to these rights.

Mr. L. W. Mason, of Boston, who has introduced his plans of teaching music in America, Japan and Germany, says that Norway and Sweden furnish the finest voices and excel those of the beer

drinking nations.

He says also that the wine voice is superior to the beer voice, which is sleepy, hoarse and indistinct in tone. This trouble is laid to the language, but he thinks it is the beer. In Sweden and Norway they use small quantities distilled clear liquors; no intoxication, showing that a moderate use of these liquors does not injure the voice.

Some deny that distilled liquors are food. Once a patient of mine for ninety days lived on one and one-half pints of whisky and water. Now, if alcohol was

not a food, he would have died in forty days (as dogs do on flour) or less; as the man had chronic erysipelas, which necessitated the amputation of the left thigh. After this he lived for fifteen years. It should be said that he showed no signs of intoxication and had a very poor voice during this alcohol diet, but when convalescent, a tablespoonful of whisky would fuddle him. I don't think I would recommend alcohol as a diet for vocalists, but for this patient it was take whisky or die. Should any vocalist get into the same dilemma under my care, I should pursue the same course as I would in giving strychnia, belladonna or opium.

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Alcoholic liquors aid the production of fatty degeneration, probably because alcohol and fats are carbohydrates. They congest tissues and retard the circulation, as seen in drunkards noses and stomachs; they absorb water from the system; they may go on to the vinegar fermentation in the alimentary canal and help to produce consumption of the bowels; they retard elimination and thus allow the accumulation of effete and worn out products, which may cause diseased conditions, as the gravel, gout, rheumatism, asthma, hay fever, etc. Vocalists can use better

diet than alcoholic drinks.

PICKLES, CONDIMENTS, ETC.

In ancient Greece the enactments obliged the organizers of choruses among other things to guard against the singers "eating anything prejudicial to the voice." From chance expressions in the works of several Greek and Latin writers, we learn that "pickles and certain highly spiced preserves were to be avoided by vocalists." (L. C. Elson as above.) The same views are held now, as these things are difficult of digestion, uselessly use up nerve force needed for the voice and other functions, may cause colic and diarrhœa, both of which would be direct interferences with vocalism at concerts, where everything is arranged on a program before hand and expected to be performed, as the word "program" signifies.

If vocalists who crave vinegar and its preparations would use lemon juice or tartaric acid vinegar made from wine, in place of the common acetic acid vinegar preparations and adulterations, they would run less chance of harm. Wine vinegar can be made from native grapes or had from the wine dealer. Acids are useful when the liver is torpid.

Condiments moderately used are useful aids to digestion. Those who find any foods harmful should let them alone. Even dogs know enough to let injurious foods alone or, if not, to eat grass, which acts as an emetic and relieves.

SALT

Is a condiment; it is a mineral which is found in every tissue of the body, as the touch test of nitrate of silver proves. It is a true food. Used in proper quantity it furnishes soda to the teeth, bones, bile and blood.

It gives hydrochloric acid to the gastric juice to digest lean muscular fibers. It preserves against animal parasites in the alimentary canal. It helps to keep the outlines of the red blood corpuscles in solid shape, clean cut and rigid. Thus it aids the capillary circulation in which nutrition is mainly performed.

For these reasons salt is a good food for the voice when used in proper amounts, which the sense of taste admirably defines at once. Salt is usually dissolved in watery liquids when used as food and hence has its place here. When sprinkled on solid food it is soon dissolved in the juices of the alimentary canal

The system suffers much from its withdrawal. This is shown by the efforts made to procure salt in times of war and by animals in a state of nature. The system also suffers from salt in excess, as on shipboard in scurvy. Salt is so indispensable and powerful that the voice cannot afford to do without salt.

ICE WATER

May be used in health, apparently without injury to the voice, still it is not a universal drink and should be used with moderation. No nation uses ice water like the American. In Europe street ice carts are a curiosity.

Ice water in the stomach absorbs vital heat, which is an important item where persons are feeble. It must arrest the process of digestion until the normal heat has returned. There is a sense of

gratification in its use, hence ice water is a popular thing in this country to slake thirst. I doubt very much if the healthy larynx is benefited by ice water for vocal exertions. For myself I prefer fresh, pure water, at the ordinary temperature of the living room. I know it slakes thirst as well, and its free use is not followed by the depressing effects on the solar plexus of nerves which occur to me after a large drink of ice water. Cold paralyzes the body when held in contact. This is seen in surgery, when the skin is frozen by ether in spray or in drops. The nerves of the skin are benumbed so that operations may be done without pain. So long as one of the great banes to the voice is in the fermentation paralysis in the alimentary canal, what is the sense of increasing it inside the stomach by ice temperatures?

TEA AND COFFEE

come in the category of hot water, as they are conventionally drank hot. They are composite drinks made up of water, sugar, milk and the soluble principles of tea leaves and roasted coffee grains. I am inclined to think that they, moderately used by vocalists, are useful, if they don't cause sleeplessness or interfere with the action of the heart, as the late Rev. Peter Kimball thought. He died in June, 1892, aged 99 years and three months, and he never, since 1830, used tea or coffee for this reason. Since 1817 he had not used any alcoholic drinks. To the disuse of these drinks he largely attributed his longevity. I have in my possession a much prized letter of his dated March 23, 1892. Its beautiful script and clear expressions make me heed his ideas. He had a good voice, which he sampled to me by singing one of Napoleon's marches, at the same time drumming on a bag of sand with ordinary drum sticks, in April, 1892. His case shows that the disuse of tea, coffee and alcohol are no detriment to the voice.

I have taught that sugar is no desirable addition to tea or coffee, while the conventional starch diet supplies it too freely, and has to change into sugar before assimilation in the liver, one of the functions of which is sugar making, in which any sugar in the bowel may be clogged by the sugar taken in coffee or tea. This

clogging does not help the stomach, bowels or larynx, as it is harder for life force to run the system with a clogged liver, to say no more. Since to some tea and coffee taste better without sugar, those vocalists who wish to be in the best of condition would do well to curtail the use of sugar and thereby save their strength, or dynamos, for the voice. Milk and cream are good additions to tea and coffee.

MILK.

There is no doubt that the healthy infant's voice, while feeding on a normal breast of mother's milk, is perfect and conforms to the true principles of vocal culture. Milk is the type of liquid animal food for babes. It is about eighty per cent. of water, mixed with the products of the protoplasm of the epithelia that secretes it from the blood, with a full and proper proportion of organic and inorganic materials to grow a normal body. Other things being equal, the vocalist who has been fed in infancy on normal maternal milk will have an advantage over those fed on its substi-There is no perfect substitute for normal breast milk. When the teeth come it is time to use them, as my father, the late Dr. B. Cutter, used to say. Milk is an unnatural diet for adults to live on alone. I have known this to be done. In one case a skin disease resulted which ceased on returning to solid food, in The quantity of connection with milk. milk needed for an adult is large—i.e., two or three gallons a day. One objection is the large amount of sugar. The liver of a babe is very much larger in proportion to its size than an adult's, and this may be one reason why the infant thrives on milk alone. Milk diet used by an adult in Bright's disease, after the albumen has been removed from the urine by special treatment, will cause it to return at once if the patient has not sufficiently recovered.

This albumenuria probably comes from the excess of fats in the milk and from the fact that Bright's disease is a result or manifestation of fatty degeneration of the kidneys. A certain amount of fat is necessary for the body, but when fat replaces other tissues, it then becomes or causes disease. There is no doubt that the many special fats, lecithin, etc.,

found in milk, nourish the nervous system, but it is better for the adult to use them in the form of butter.

Another advantage in the case of babes. is that the milk is taken directly from the gland, warm with the life maternal. free from taints of atmospheric and milkmen's impurities. The milk has not had time to change chemically by exposure. It is considered such an advantage that some Americans recommend milk warm from the cow for the use of their patients. Vocalists desirous to take milk would find this plan desirable. A suitable glass bottle, thoroughly washed and corked, is carried to the cow or goat, immersed in a pail of water warmed to blood heat. Here it is filled by milking from one teat, and drank in the presence of the animal, or taken, immersed in the hot water, to the patient and drank immediately, or as speedily as possible. I knew a case where a boy was allowed to milk his father's cows at will in the pas-The voice of this boy, when developed in manhood, was very good.

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BUTTERMILK,

or what remains in the churn after the butter is withdrawn, is by some regarded as a fine food for adults. It is usually in fermentation like koumyss, made from mares' or cows' milk. In my opinion all these are objectionable to the voice, as food in fermentation is such a bane to good health. Food should be digested, not fermented, in the alimentary canal of those who would have the full enjoyment of the voice.

LIQUID FOOD WITH MEALS.

From observing that animals other than man take their meals without water, some aver that man should do the same, on the ground that the digestion is interfered with by diluting the stomachic and intestinal juices too much. The opinion of such is worthy of respect, but the writer thinks that there is not such a dilution from the fact of the

COLLATERAL CIRCULATION

in the stomach during digestion. That is, the fluids drank during a meal exosmose into the circulation, leaving the solid food comparatively dry. Next the ganglionic nerve centres of the solar

plexus cause a profuse endosmosis of gastric juice, which deluges the food, is churned up with it by the peristalsis until saturation, or the nerves above named call a halt, and another exosmose occurs, carrying with it the soluble portions of the food along with the fluids into the circulation to nourish the body. When the food is nearly dry an endosmosis recurs, and so on until the food is dissolved or passed onward to encounter a like process in the intestines. I was taught that the sum of this collateral stomachic circulation was calculated to amount to several times the bulk of the body systemic daily. If this is so it must be an advantage to have plenty of fluid to work with, and which does not interfere with the digestion by dilution, as it does not stay in the stomach long enough and the kidneys will very rapidly excrete an excess of liquid taken at any time, as a general rule.

From a careful study of the use of hot water, one pint one hour before each meal, the writer is of the opinion that in some cases the dry, undigested food does not fairly pass out of the stomach before the water is drank preceding the next meal. This shows the value of hot water to wash out a stomach, which may have been partially paralyzed by the accummulation of fermentation vegetations, like an old yeast pot, as one puts it, admirably. Be this as it may, I remember plenty of good vocalists who drank freely during meals, according the general ethics of American eating. writer thinks that drinking fluids at meals, moderately, will not injure the voice.

News.

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A LUGUBRIOUS PROPOSAL.—A paragraph has been going the round of the press to the effect that the unemployed, having been informed that there was a scarcity of subjects for dissection in the London hospitals, propose marching to these institutions with the object of signing their bodies away for dissection after death upon receipt of a small immediate payment. It is understood that St. Bartholomew's Hospital and the London Hospital will first be visited. If not too late, we may inform the delegates that

their bodies have no commercial value, since no one could guarantee or enforce the execution of the contract.—Medical Press.

MONTHLY BULLETIN, N. Y. STATE BOARD OF HEALTH.-The average daily death rate during January was 338, which is 30 more than in December. The number of deaths is far below that of January 1892, because of the then existing prevalence of grippe; deducting this and making allowance for a normal increase, the mortality is excessive for January by between 600 and 700 deaths. The zymotic mortality was a little higher than in December, the only increase being in scarlet fever, which shows a continued rise; there were 237 deaths from it; its prevalence continues chiefly in the eastern part of the State. There is a slight increase only in deaths from diarrhœal diseases, although there has been reported the extended prevalence of so-called winter diarrhœa. The mortality from acute respiratory disease is excessive, by not less than 400, there having been 2300 deaths attributed to this cause. Other local diseases show, however, little variation from the normal average. From old age there is a large increase; this was noted a year ago. Also from unclassified causes, which includes certain chronic wasting disorders, there is an increase. A considerable number of deaths have been returned from grippe, and it would appear that it has caused about 600 deaths, and has been the cause of the increase in the mortality from respiratory diseases, some diathetic diseases and old age. There were 61 deaths from typhus fever in New York. From small pox there were fifteen deaths, all occurring in the Maritime district, outside of which it does not exist, although mild cases originating there developed early in the month in Waterloo. Reports from six large cities of 6550 deaths gives a death rate of 22.70 per 1000 population; that of the rural parts of the State was 19,00. In the cities there were 142 deaths from zmyotic diseases per 1000 deaths from all causes, and in the country 112. The proportion of diarrhœal mortality in the cities, as compared with the country, was about three to two in the same number of inhabitants.

The Times and Register. A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.

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INTESTINAL ANTISEPSIS.

In the Medical Record, Purdon comments on Baruch's allegation as to the failure of intestinal antisepsis. The argument is as follows: "In the first place, no sane man will now deny that typhoid fever is due to a specific micro-organism; and in the second place, in the light of scientific investigation, no man can afford to say that the bacillus is the only factor at work in the production of the various symptoms and pathological changes that occur during the progress of the case.

"If investigation has made any one thing in morbid anatomy conclusive, it is that the intestinal lesion is the only morbid anatomy in typhoid fever characteristic of the disease.

"We have, then, in typhoid fever, as the prime etiological factor, the bacillus, which furnishes a toxine as a result of its growth; the toxine constituting a second factor in the etiology of the disease. Now we shall be able to understand the pathology of the disease just in proportion as we understand and discriminate

the action of the bacillus in contradistinction to the action of the toxine. appreciating at the same time the pathological avenues that are being opened up by the bacilli and their toxine, through which the pus-producing cocci may enter as a complication, the action of which must then be discriminated from that of the specific bacillus or its toxine. The bacillus begins its work in the glands of the small intestine. While we admit the possibility of the bacilli being taken on to the fauces in the act of inspiration, yet we deny their ability to produce the disease except they be swallowed and find lodgement in the glands from the intestinal canal, and not from the blood. That the typhoid bacillus is the active agent in producing the lesions in Peyer's patches is admitted, perhaps without a dissenting voice; but with reference to the part played by the bacilli after the intestinal glands are infected, there is perhaps a difference of opinion; but suffice it to say that, when one or more of the glands of the small intestine are infected by typhoid bacilli the patient has typhoid fever.

"In those glands we have an infiltrated disintegration which is entirely due to the direct action of the bacilli. This cheesy degeneration is non-suppurative in character, until we have engrafted thereon the action of the pus-producing cocci, some of which are even present in the intestinal canal

"In so far as relates to the action of the specific bacillus, typhoid fever is purely a local disease. The bacilli infiltrate the intestinal glands, and by their growth furnish a toxine which is absorbed, to the action of which is due all the systemic symptoms prior to disintegration in the glands. After this we have the action of the various pus-producing micrococci engrafted upon the local action of the specific bacilus, which not only increases the local lesions, but adds other poisons by absorp-

tion to the system, which is already laboring under a greater or less degree of saturation by the poisonous toxine, which has been set free by the growth of the specific bacilli.

"Resulting from the action of the toxine on the nervous centres and disturbance of all the functions of the body,
we soon have added thereto pathological
secretion and hindered excretion; then
slowly at first but surely, come the products of tissue waste, resulting from more
or less(rapid emaciation, with the absorption of the products of disintegration and
suppuration from the local lesions in the
bowel. With such a condition it is certainly not strange that the heat-regulating centre is unbalanced.

"The pathological processes here outlined constitute a fair index to the clinical history. This view of the subject to the mind of the writer, furnishes a scientific basis for rational treatment.

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"There has been much said in favor of the bath treatment, and yet every gentleman of a fair amount of intelligence must admit that the cold-bath treatment is empirical in the full sense of the term, for a man's common sense must necessarily teach him that the application of cold water cannot affect the specific bacillus.

"The bath treatment was first used to lower temperature, but observation taught men that when the patient reacted well from the bath, it also had a stimulating effect, through its action on the nerve periphery, by which it was supposed to increase the elimination of poisonous products from the blood, enabling the patient to nourish better, and altogether sustaining vitality, thereby increasing the patient's chances to outlive the disease.

"Nothing more can be claimed for the bath treatment now.

"This is all very well in its place as an empiricism, but it is like massage and the application of liniment to cure rheu-

matism, it never touches the specific cause of the disease.

"The internal administration of antipyretics is even less reliable; for while they lower the temperature, they do not always increase the elimination of poisonous products from the system, but they do generally depress the patient's vitality; antiseptics that are absorbed by the stomach never reach the bacillus, and for that reason should never be given except as they are required to improve the condition of the stomach for the digestion of nourishment.

"As to the failures of internal antisepsis, as relates to typhoid fever: What purpose have men generally had in view when giving antiseptics? and how have they proceeded? If they have attempted to follow the bacillus through the circulation to the lenticular spots in the skin, their effort was a failure before they began? That is to say, if antiseptics are given with a view to reach the bacilli through the blood, the effort is a failure. In the opinion of the writer, if scientific medicine indicates anything, it indicates intestinal antisepsis as the only rational treatment in typhoid fever.

"No man can intelligently say that intestinal antisepsis is a failure until he has discarded other forms of treatment and relied upon a systematic course of intestinal antiseptic treatment from beginning to finish, in at least a reasonable number of cases. The percentage of doctors that have done so is very small.

"The greatest cry against intestinal antiseptics comes from the men who have either never used them, or have used antiseptics without any regard to the real pathological conditions existing, hoping to hit somewhere.

"We hear men talk about the absurdity of introducing a germ-killer into the intestinal canal. And men sometimes talk loud about the high percentage of carbolic acid necessary to destroy the typhoid bacillus, and in the same speech claim that it has not yet been determined what the typhoid bacillus is Those men never use intestinal antiseptics. There is a great difference between a germ killer and an antiseptic, as applied to intes-Every observing man tinal antisepsis. in practice, with an unbiased mind, can no doubt remember cases in which the odor of the discharges was favorably changed as a result of the continued use of remedies known as antiseptics, and yet those remedies were not regarded in the light of germ-killers, but possessed the ability to at least impede the action of the bacteria of decomposition.

"The writer is frank to admit that it requires the courage of conviction to step aside from the long-trodden paths of expectancy, cold-bath treatment, antipyretics, with other empirical measures, and place his patient upon a systematic course of intestinal antisepsis, to be continued from beginning to finish, in the face of the opposition that is still offered by the profession; but it is gratifying to have a consciousness of the fact that we owe our first duty to our patient. Careful study of the pathology of the disease gives us a scientific basis for such a course, and then it becomes still more gratifying to know that the results justify the means used.

"We have the specific bacilli at work in Peyer's patches; we have some of the various pus-producing germs in the intestinal canal, ready to extend the local lesions by suppurative inflammation so soon as the vitality is sufficiently lowered by the action of the specific bacilli; and in addition we have the ever-present bacteria of decomposition. Now, as far as possible, we want to hinder the growth of the specific bacilli, for in so doing we limit the amount of toxine absorbed, and in the same proportion render mild the systemic symptoms; at the same time we are preserving, to a

greater or less degree, the vitality of the local tissues against the action of the pus-producing micro-organisms. It is also desirable to limit the action of the various micro-organisms contained in the lumen of the bowel, to watch carefully the condition of the stomach and mouth.

"From carefully conducted clinical observations, the writer is fully convinced that salol affects the specific bacilli to a greater degree than any other remedy now before the profession.

"We are aware that it is claimed that salol, though not absorbed until after it enters the small intestine, yet does not enter the system through Peyer's patches; we are satisfied, however, that when salol returns to its original constituents in the small intestine, its properties would reach the bacilli to some extent by endosmosis, at least; but let that be as it may, the administration of the drug favorably influences the course of the disease. We give salol in capsules, in doses of five to ten grains every four hours, as indicated by the symptoms.

"Upon the same principle we have become satisfied that sulpho-carbolate of zinc has the most favorable influence in limiting the action of the various microorganisms in the lumen of the bowel, as manifested by the absence of tympanites, diarrhœa, and the characteristic odor of the stools, with far less frequent hemorrhage. It may be given in doses of two to five grains every four hours, alternated with the salol, as indicated by the abdominal symptoms. Though regarded as of little importance by the non-believer in internal antiseptics, it is of much value to the patient to rinse the mouth thoroughly with equal parts of listerine and previously boiled water, each time before taking anything into the stomach, and teaspoonful doses of listerine may be given in water from four to six hours apart, as indicated, to keep the stomach in condition to receive

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Clinical evidence shows that apart from the value of Cod Liver

Morrhuol obtains excellent results wherever the oil is indi-

Oil as an assimilable fat, the active principles of the oil, known collectively as Morrhuol, represent its true therapeutic value.

MORRHUOL

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The Alkaloids and all the active principles of Cod Liver Oil dispensed in spherical capsules, each of which is equivalent to one teaspoonful of oil.

Nausee, taste and smell avoided.

cated, but is not tolerated. It is the type of those remedies used in wasting diseases which act by stimulating nutrition.

Morrhuol Creosote is recom-

mended for the treatment of bronchial catarrh. and tuberculosis. The stomach rapidly accomodates itself to large doses.

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In spherical capsules, each of which contains I minim of Creosote (equal to 90% of Guaiacol) and 3 minims of Morrhuol.

Dose: 4 to 12 capsules daily.

After a few days there is a noticeable increase in the appetite and improved general condition, besides decrease in the Expectoration,

Night sweats and Cough.

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A Substitute for Cod Liver Oil

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Use whenever Iodine is indicated

It has been found superior to Cod Liver Oil, especially in children's maladies. It is recommended in phthisis, la grippe, anaemia, rheumatism. bronchitis, asthma, emphysema and chronic catarrh by such eminent French physicians as Drs. Dujardin-Beaumetz, Féréol, Huchard, de Saint-Germain, Simon, Sevestre, Gibert, Moizard and Abadle.

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nourishment. A small quantity of alcohol in some form promotes assimilation.

"With reasonable nursing, feeding, and hygienic surroundings, the writer expects his typhoid patients, under this system of treatment, to pass through the disease with a temperature reasonably mild, without delirium, headache, or excessive tympanites, with a moist and comparatively clean tongue, with hardly a probability of hemorrhage, almost certainly without perforation, without troublesome diarrhœa—in short, with a comparatively mild fever in every possible sense. Its duration being shorter, convalescence is more rapid and complete."

Annotations.

In The Asclepiad, Dr. Richardson gives some observations on the cause and prevention of death from chloroform. Death occurs from apnœal syncope, from epileptiform syncope, from cardiac paralysis, or from shock. Restoration is most likely after the first and last, and and least after the third. Restoration is much easier in cold weather; but usually fails when the temperature is between 70° and 80° F. Failure also is usual if the chloroform be administered several minutes before narcotism passes into death

The only successful plan is careful, delicate and steady artificial respiration by double-acting bellows. The longest period from which recovery ensued, was in a rabbit, which lay apparently lifeless for six and one-half minutes. "The brain was dead, the cord was dead, the voluntary muscles were under no stimulus, the semi-voluntary muscles were under no stimulus; but there was one organ, which, though we could not discern its action, was in feeble action; and that organ was the heart."

Electrical stimulation simply exhausts the remaining vitality, and confirms the death. The injection of antidotes (ammonia, strychnine) is hardly applicable to chloroform; if the patient be alive, he will recover better without them; if

dead, the remedy is a method by which the life-processes may be imitated, until the inner force is revivified by artificial respiration.

In syncopal apnœa, the inversion method is most promising, and strongly suggests the utility of the see-saw operating table. The injection of peroxide solution into the peritoneum was followed by momentary resuscitation, but final apnœa, as the oxygen bubbles accumulated in the pulmonary capillaries.

In the same number, Dr. Richardson writes of duality of the mind; intrathoracic auscultation; and the life of Thomas Sydenham. Under the head of original research, he treats of dehydration and moulding of organic structures under water gas.

In The Sanitarian for February, Dr. Bell calls attention to the vagueness of our information concerning the mineral springs of this country. The published analyses and the statements of the proprietors rest on a commercial basis; and too often the clinical tests are made with bottled waters, that very imperfectly correspond to the water as used directly from the springs. At very few of our springs are there to be found physicians capable of intelligently prescribing the waters and the regime best calculated to aid their action, and of moral courage enough to allow them to send away cases for which the waters and the conditions at the springs are unsuitable. Much of this uncertainty will probably be dissipated by intelligent study; and we are pleased to note that Dr. Bell promises us a series of papers on this subject, in his excellent journal, The Sanitarian.

DR. W. E. ASHTON, Professor of Gynecology at the Medico-Chirurgical College, has republished from the *Medical Bulletin* an outline of the technique of abdominal and pelvic operations, as performed at the hospital connected with the college. Dr. Ashton is taking high rank as an operator, even in that home of brilliant gynecological surgeons, Philadelphia, and this sketch of his methods is of value to every one who expects to perform similar operations.

WE clip the following from the Chicago News-Record:

"Dr. S. V. Clevenger is slated to succeed Dr. Richard Dewey as medical superintendent of the Eastern Illinois Hospital for the insane at Kankakee.

"About two weeks ago several state senators and representatives called upon the doctor at his home, 245 Lincoln avenue, and congratulated him upon his favorable prospects, for, they assured him Gov. Altgeld had selected him to become the head of the institution on the Kankakee river. This implied that Dr. Dewey had been asked to resign. Dr. Clevenger was surprised, as up to that the only knowledge he had of the matter was that some of his friends were urging the governor to appoint him. Said one of those who congratulated the doctor:

"'Clevenger's name was advanced solely upon his past reputation. Medical men all over the state, regardless of politics, urged the appointment of Dr. Clevenger, being well assured that his past work was a good index to his future ac-

tions.'

"The appointment has not been made public by the governor, but there is no doubt that it will be given out in a few

days.

"Dr. Clevenger is frequently called into courts as an expert on diseases of mental and nervous origin and has a wide reputation as a writer on brain surgery and kindred subjects. He was pathologist of the Cook county hospital for the insane for some time prior to 1884 and has held other positions calling for the exercise

of his special work.

"Dr. Dewey, who was present at the meeting of the Medico-Legal Society Saturday night, confided to intimate friends that he had tendered his resignation to Gov. Altgeld, to take effect at the pleasure of the chief executive of the state. For fourteen years he has held the position of medical superintendent of the hosipital for the insane at Kankakee and before assuming that trust he served for several years in a high official station at the institution for the insane in Elgin. Dr. Dewey has ever been an ardent advocate of the detached-ward system and under his adminstration it has been brought to a high degree of perfection at the Kankakee hospital. There are now

ample accommodations for 1000 male and 1000 female patients."

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Dr. Clevenger is well known to the readers of the TIMES AND REGISTER. who will not need to be told that no worthier successor could be found for Dr. An original and profound Pewey. thinker, thoroughly versed in modern mental pathology, Dr. Clevenger also possesses that still more valuable requisite for such a position, a great heart full of kindly feeling for the suffering and afflicted. If Dr. Dewey is to leave the position he has so long and so creditably filled, we sincerely trust that Governor Altgeld will recognize Dr. Clevenger's eminent fitness for the place.

EDITORIALS in the Journal of the American Association, concerning the Association of Southern Medical Colleges, have aroused much feeling in that section, as we note in our southern exchanges. We have no sympathy with wholesale condemnations of classes or sections. The realm of science has no Mason and Dixon's line, to divide it into North or South. If we ever stop to consider whether a man comes from the one or the other, it is only to marvel at the number of illustrious members our profession has recruited from the South, and the brilliancy of their work.

It was unwise in the Association Journal to indulge in any such wholesale criticism; and now that it has excited such bitter feeling, the writer of the editorials ought to come out and shoulder the responsibility, all the more since it has been alleged that Hollister was the writer, which his friends deny.

PEOPLE who laughed poor old Brown-Séquard out of court for his testicle-juice theories, are now beginning to wonder whether he was such a fool after all.

The 10th Annual Report of the Philadelphia Polyclinic shows that 9585 cases were treated last year at the dispensary, and 650 in the wards; while \$30,315.94 passed through the treasurer's hands. Twenty-seven professors and sixty eight assistants comprised the teaching staff, and 110 pupils were in attendance during the year.

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Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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Philadelphia, Pa.

PRURITUS.—PSORIASIS.

WOULD suggest a special number on diseases of the skin.

I have had splendid results from the

use of zinc sulphocarbolate.

In the case of pruritus, reported by Dr. Gould Smith (page 165), I would recommend the patient's feet to be bandaged with cotton, and saturated with boroglyceride solution, fifty per cent. Allow this to remain twenty-four hours, then remove it, and bathe the feet in solution of distilled water, Lloyd's Hydrastis, and carbolic acid. Continue this for several days, regulate the digestion, and look to the diet. I had a case similar to the one described, that was cured by this treatment.

For the case of psoriasis, reported by Dr. W. D. Turner (page 166) I suggest

the following:

"R. Acidi chrysophanici.				gr. xx	
Liq. carbonis deterg. Hydrargyri ammonio				m. xx	
Adipis benzoatis				. 3 ij	"

M. Fiat. ung. Sig.—At night, after washing the diseased surface thoroughly, with a warm antiseptic solution, and sponging dry, then, standing in a warm room, have an attendant rub on the ointment; devoting at least forty minutes to the operation.

Internally I would give elixir of lactopeptin and liq. potass. arsenitis; pushing the arsenic to its limit if necessary, with the antiseptic treatment as recommended by the editor. I had good success in treating a very persistent case of psoriasis in this manner. I hope the editor will pardon me for taking the cue from him; but these two cases mentioned were so similar to some that had been

under my care, that I could not resist the temptation to offer a few suggestions. CYRUS GRAHAM, M. D.

CEDAR HILL, TENN.

[The editor has not labored under the hallucination that the sum of human knowledge is circumscribed by his own cranium, at least not since he left college. Nothing would please us so well as to see the TIMES AND REGISTER become the medium for the interchange of thought and of experience between the practising members of our profession. We thank Dr. Graham for his useful suggestions, and hope that he and others will consider our pages open at all times to anything that will be of use to the practitioner.—W. F. W.]

The Medical Digest.

THE USE AND ABUSE OF ANTI-PYRETIC DRUGS.

WHAT is the present attitude of the medical profession toward drugs which lower animal heat? We say "drugs" rather than "measures," because, whatever may be the value of the various forms of hydrotherapy, etc., they cannot be generally employed by the American physician in private practice.

The prevailing opinion as to the use of antipyretic medicaments unquestionably is that we should avoid alike the antimonials and venesection of a very few years ago and the more recent and more unprofessional treatment (if treatment it may be called) known as the "expectant method." When finally, the unworthy dogma that an acute disease must necessarily run its course, exploded in the minds of men, the way was open for a cosideration of what would be a rational method for the treatment of fever.

This involved, of course, an examination into the nature and causes of fever, and at this point, the variations of opinion were many and decided. Is fever a cause or a result? Is it due to microbes, or toxines, or both? Does it arise secondarily, from severe or special functional disturbances and finally determine organic lesions? Or does the lesion elevate the temperature as a new invasion often does in pneumonia? Or is fever a direct result of chemical changes or telluric influences?

One point seemed evident that if we delayed to learn the real nature of fever before applying the treatment the patient would have to wait for his relief and the

profession would be obliged to occupy the somewhat queer position, for professional men of doing nothing at the bedside, because they really knew of no useful thing to do.

Undoubtedly, therefore, to be useful in all fevers we must first become to some extent empirical. Whatever may be the real nature of fever, it is the enemy in full view and must be attacked. In our present knowledge, it seems useless to discuss the matter as to whether the lesion causes the fever or the fever the lesion, and ignore the fact that neither the lesion nor the fever, must necessarily co-exist. The one thing we do know is that when we succeed definitely in controlling the fever, the malady gradually subsides. And, we know also, that if we can do this in the beginning, we may save lives We know by preventing localizations. also that the comfort and early convalesence of the patient depend largely upon what we do with the fever. These considerations have tended to somewhat drown mere polemics, and to some extent, even etiology and early diagnosis. But they have advanced our practical therapeutics.

Physicians who by a thoughtful experience, had arrived at some of the conclusions which we have laconically stated began to have a higher approval of their antipyretics of which, with all their variations of opinion, they had more or less constantly made use.

In finally fixing upon antipyretics for daily use, they chose those which where prompt in action, gave the least depressing effects and possessed such accessory advantages as an analgesic or gentle diaphoretic power. Undoubtedly the fact that the new antipyretic drugs, or some of them, possesses these powers though in varying degrees, aided their choice by offering them drugs whose general characteristics were attractive to them. It is true that some practitioners have abused the aromatic remedies, and that some have returned to the use of remedies offered by the vegetable kingdom. But these cases are exceptional.

Regarded from a general point of view there is a strong tendency to largely employ the new antipyretics and analgics and to discontinue the employment of vegetable antipyretics and more espe-

cially the opiates. A striking example of this has been observed in what has been very recently said by many practitioners concerning antifebrile drugs, and more especially, perhaps, phenacetine. From a late brochure we quote some of the observations made on this medicament: Dr. Murphy, of Salem, Indiana, states that, "while antipyretic remedies have no specific effect upon the causes of fever, they serve a very useful purpose in the treatment of all pyrexias, a fact which, as he states, will not be denied by those who have given them an extended trial. In his belief they lower temperature by increasing the radiation of heat from the body and diminishing heat production." This writer found phenacetine useful in hemicrania, whooping cough and muscular and neuralgic pains. Dr. Perdue, writing of the treat-ment of pneumonia, says: "The fever produces sweating and gives ease. It is in my opinion the remedy par excellence. I give it in nearly all cases. Some use cold applications to reduce the fever and to give ease. Believing that the inconvenience, exposure and depressing effects are too great, I have never tried them. American physicians are against the practice." Dr. Bailey, of Louisville, writes that, "Phenacetine is the safest remedy to give so far as the heart is concerned, of the coal tar derivatives. I have been inclined to favor phenacetine because it gave the best results with the minimum of danger by heart depression.' Dr. E S. Elder, of Indianapolis, reported that he believed that the injury charged to antipyretic medication resulted from continued high temperature, which meant increased metabolism or a burning up of the tissue," adding that he uses phenacetine largely in the place of antefebrin. Antipyrin he has not used for some time. Dr. Beatty, of Kentucky, called attention to the fact that "Phenacetine is not objectionable as an antipyretic in pneumonia, because it does not affect the heart unfavorably."

Dr. Laine, writing of an epidemic of influenza, says: "Phenacetine, taken every two hours, was the most universally used of the so-called specifics. Its use or abuse was attended with very little danger, phenacetine being the least depressing of the newer antipyretics."

In bringing together these brief but significant remarks out of the many lately published reports on phenacetine we are able to more clearly perceive their trend, and this we would consider to be somewhat as follows: The fact that phenacetine is a certain and potent antipyretic is accepted as an accomplished, fact, the further propositions that phenacetine is safe, does not depress and does not affect the heart unfavorably, are clearly stated and constitute a remarkable concensus of opinion from physicians who have had an extended experience with this remedy, and know whereof they speak.

The conclusions concerning the therapeutic uses of phenacetine as an analgesic, a nerve sedative, and a gentle diaphoretic show an unanimity of opinion quite as decided as those expressed in favor of this remedy as a safe and cer-

tain antipyretic.

Dr. Merz, of Sandusky, writes: "Phenacetine undoubtedly possesses peculiar power of an antipyretic and analgesic nature. In addition to this, it induces a decided nervous sedation. Of all the remedies in influenza, I believe it to be the best. This opinion is, I believe, a common one. Phenacetine is entirely free from any distressing or dangerous effects, while it is prompt in its action." Dr. Robinson, writing of the same condition, says: "Phenacetine, in small repeated doses, diminishes pain and fever and promotes perspiration, thus making use of another great emunctory of the economy, viz.: the skin."

Dr. Hutchinson, of Providence, reports as follows: "Phenacetine stands first in the list of remedies for the relief of insomnia and pain in the permanent neu-

roses following grippe."

Dr. Porcher was an early believer in the analgesic powers of phenacetine; he writes: "Phenacetine is the best substitute for morphine. It is given in an evening dose of five to eight grains; such dose may be often repeated without harm. Sleep rapidly follows. It is absolutely innocuous and may be prescribed to children."

We need not multiply examples of the estimated value of phenacetine in these directions, for the facts are widely understood, but we may again refer to the re-

markable harmony of the reports cited, and this naturally leads us to ask if such accord be susceptible of an explanation. Of this we may at least say that probably one of the chief reasons why phenacetine possesses the energetic, safe and uniform action described by the authors quoted, lies in the fact that unlike the crude and "secret" mixtures now so largely offered to therapeutics, phenacetine is a single, organic chemical body, and hence of an unvarying therapeutic power. In confirmation of this view, attention might justly be called to the great variety of new conditions in which practitioners, widely separated, have experimentally employed phenacetine with continually successful results. Of these cases a considerable number have been reported in recent medical literature.

NOTES ON REMEDIES: FROM SQUIBB'S EPHEMERIS.

Real gum arabic is once more obtainable; the sources of the drug in the Sou-

dan having been re-opened.

Agaricic acid is proving useful to check sweating. That derived from the Agaricus Albus should alone be used; as the fly agaric produces muscarine, whose effects are exactly opposite.

Camphoric acid is becoming popular as a remedy for sweating, and as an intes-

tinal disinfectant.

Carbolic acid has been used with benefit, subcutaneously, as a remedy for tetanus, and for articular rheumatism.

Para-cresotic acid has been recommended for rheumatism, catarrhal pneumonia, gastro-intestinal catarrh, and typhoid fever. Young adults may take a drachm daily.

Pryoligneous acid is a very cheap and

useful disinfectant.

Agathin is used for neuralgia and rheumatism. Dose five to ten grains, thrice daily. Benefit appears several days after administration(?) Full doses cause headache.

Amido-eugenol acetate is a new local anesthetic for the mucous membranes.

Amylene hydrate has not proved superior to the bromides in epilepsy, and is costly.

Analgen is being tried for rheumatism. Dose, 15 grains.

Antikol is composed of acetanilid, 75 per cent. sodium bicarbonate, $17\frac{1}{2}$ per cent. and tartaric acid, $7\frac{1}{2}$ per cent.

Antinervin, two parts acetanilid, and one each of salicylic acid and ammonium bromide, has proved of value as an analgesic and nerve sedative, and as antirheumatic and antipyretic in rheumatism. It is cheap and non-toxic.

Antipyrin has been reported useful in pertussis, chorea, diphtheria, and as a local anesthetic for the nose.

Antiseptin is a simple mixture of zinc sulphate, 85; boric acid, 10; zinc iodide, 2½; and thymol, 2½ parts.

Antiseptol is used as a substitute for iodoform.

Apiol is variable in quality as found in market.

Aristol, dissolved in sweet almond oil, is being injected for tuberculosis: giving good results in the early stages, and causing no local trouble.

Copper-arsenite proves of doubtful value in gastro-intestinal affections.

Asaprol is urged in gout, rheumatism, typhoid and influenza.

Aseptol is less caustic and more antiseptic than carbolic acid.

Asafetida, to prevent abortion, dose three grains, increased to fifteen.

Atropine, for lead poisoning, given with potassium iodide. Also as a hemostatic hypo., up to grain 1-50.

Benzanilid, a substitute for acetanilid. Dose for children, one and one-half to nine grains.

Benzonaphthol, as an intestinal antiseptic; non-toxic, antiseptic, diuretic, rapidly eliminated by kidneys, rendering urine aseptic. Dose four to eight grains, in syrup and water.

Benzosol, in incipient tuberculosis and as a substitute for creosote and guaiacol. It is pleasant to the taste and unirritating, and splits up so as to liberate guaiacol

Strontium bromide, for gastric catarrh and epilepsy; in the latter, combine with an intestinal antiseptic.

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	Beta-naphtholis,	٠			•		٠		٠	. :	3 j.	
	Sodii salicylatis,	1					•			3	88.	
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Benzol, for pertussis and influenza; also locally, for pediculi (avoid fire), and internally for trichina.

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Bromamide, antipyretic, causing no sweating, dose ten to fifteen grains.

Bromoform has few failures in pertussis. It aborts the paroxysms and lessens their number, but does not shorten the course. It is toxic if pushed.

Ŗ	Bromoformi, .							m xvi
	Alcohol,							. Z ii
	Glycerini,							Z xii.
	Tr. cardamom	C	om	p				7 11
-	•					•		

Bromoform has also been inhaled for diphtheria, and applied locally to mucous ulcers.

Calcium chloride, combined with a fibrin-ferment solution, is suggested as a styptic.

Camphoid consists of one part pyroxylon and twenty each of camphor and dilute alcohol. It is a solvent of iodoform and a cleanly basis for carbolic acid, salicylic acid, resorcin, iodine, chrysarobin and ichthyol.

Chloralamid, as a hypnotic, has two advantages, it does not require an increasing dose with use and it induces a habit of sleeping after the drug has been discontinued. It has also been found useful in cardiac asthma and in sea-sickness.

Chlormethyl is used locally for neuralgia, a jet from a syphon bottle being directed against the painful part.

Convallaria majalis is an efficient alternate for digitalis.

Cresol-iodide is a substitute for iodoform, the cresols are antiseptic, but variable in composition, adhere to hands or instruments or render them slippery, and readily oxidize.

Creolin is more antiseptic than carbolic acid, but some bad results from its use have been reported.

Dermatol, as an antiseptic, proved more effective than aristol or iodoform. For eczema and burns, one part to nine of petrolatum. Its desiccating effect is remarkable.

Diaphtherin, an antiseptic less toxic than carbolic, sublimate or lysol, and cheaper. It attacks silver and nickel plating, but is not caustic.

Diuretin acts on the renal epithelium, and relieves the severe scarlatinal or mitral dropsy even after digitalis has ceased to act. For children, two to five years of age, the dose is eight to twenty-five grains daily; from six to ten years, up to forty-five grains daily. The drug is unstable and should be prescribed alone, in powder or solution. It must be kept from the air. Under the name of sodio-theobromine-salicylate it costs less than half as much as when prescribed as diuretin.

Ethyl chloride, local anesthetic, a jet of the vapor applied to the part. It is very inflammable.

Eugenol-acetamide, has properties similar to those of cocaine.

Euphorin, an antipyretic, specially useful in obstetric and gynecic cases. It acts best after the acme of the fever has passed, showing its effects in one-half to two hours. Sweating moderate; little cyanosis, no collapse; indicated for rapid and marked antipyresis: fairly good in surgical fever; potent in rheumatism, acute or chronic; dose seventeen grains in five parts, in acute rheumatism fifteen to thirty grains in twenty-four hours, in chronic fifteen grains in four doses. It is a sure analgesic in non-specific neuralgia; powerful antiseptic; very useful in thrush; locally superior to iodoform and is a local anodyne and promotes healing.

Europhen, a most effective substitute for iodoform, is used largely for ulcers, chancroids, nose and throat affections and in one per cent. petrolatum ointment for the eye.

Exalgin has had many toxic cases reported. It is useful for chorea, with mental excitement, and in exophthalmic goitre.

Exodyne is composed of acetanilide eighteen parts, and sodium bicarbonate and salicylate, one part each.

Fuchsine has proved useful in throat affections. Antiseptics applied with it have increased penetrating power.

Gallacetophenon is a promising substitute for pyrogallol in psoriasis, etc. It is non-toxic and does not stain linen. A ten per cent. ointment is used

Guaiacol and its carbonate have largely replaced creosote in tuberculosis.

Haemogallol, for anemia. Dose, 1½ to 7½ grains, before each meal.

Haemol contains a little zinc. Its action resembles that of haemogallol. Both act on anemia rather rapidly.

Helenin is said to be very destructive to the cholera bacillus. It is used in ozena, ague, diarrhœa and leucorrhœa. Locally it is irritant.

Hydrastinin contracts the relaxed uterus, but has no advantages over hydrastis.

Hydrogen dioxide or peroxide is increasing in popularity. It is added to drinking water as a cleansing agent, a pus detecter and destroyer, etc. Free acid is necessary in its solutions, to preserve it from decomposition.

HYDROTHERAPY IN INSOMNIA.

HAT I dread most at the start, in all cases for rest, is grave insomnia. Whether it be accompanied by a state of mild mental excitement, such as we all know, or is a pure incapacity to go to sleep or to stay asleep, or whether it be in popular medical belief a congested state, I am apt at once, in bad cases, to use thrice a day lithium bromide, at first in thirty-grain doses, at noon, at 6 and 9 P. M., given in the malt or not, and soon decreased grain by grain. If I want a positive aid at bed time, I prefer sulfonal in hot water. But of greater value are some of the hydrotherapeutic devices, and best of these is what is known, or not known, as "drip-sheet." Just how this is to be given is of the utmost import-The following memoranda must answer to show how careful one must be in my opinion, as to these details. give them here in brief much as I do to a patient not under the immediate care of a nurse. I cannot help adding that several of the most useful of the water processes are neither taught in our schools, nor so accurately in hydrotherapeutic text books as to be of much value to the general practitioner.

Memoranda for Use, at Bedtime, of Drip-sheet.—Basin of water at 65° F. Lower the temperature day by day by degrees to 55° F., or to still less. Put in the basin a sheet, letting the corners hang out to be taken hold of. The

patient stands in one garment in comfortably hot water. Have ready a large, soft towel and iced water. Dip the towel in this, wring it, and put it turban-wise about the head and back of neck. Take off night dress. Standing in front of patient -the basin and sheet behind-the maid seizes the wet sheet by two corners and throws it around the patient, who holds it at the neck. A rough, smart, rapid rub from the outside applies the sheet everywhere. This takes but two minutes, or less. Drop the sheet, let the patient lie down on a lounge upon a blanket, wrap her in it, dry thoroughly and roughly with coarse towels placed at hand. Wrap in a dry blanket. Remove ice wrap; dry hair; put on night dress. Bed, the feet covered with a flannel wrap.

If all this seems to you, if you read it, too absurdly minute, I shall feel some regret. Yet believe me, it is worth the trouble, and the drip-sheet a remedy past praise. If it fails, a pack may succeed; this is more familiar to you. I doubt if the use of the drip-sheet is as well known.—S. Weir Mitchell, Jour. of

Balneology.

TUMENOL. — Experiments hitherto made show the value of tumenol:

I. As a drying agent which reduces inflammation and effects the covering of the affected area with a horny epidermal layer; this action is specially seen in moist eczema, in erosions, excoriations, and superficial ulcerations.

2. In forms of pruritus.

In eczema its best results are produced upon the superficial, "catarrhal," desquamative forms, both acute and chronic.

Tumenol can be applied to the skin in the undiluted condition without any ill effects. The sulphone or "oil" has often a very beneficial result when applied per se to moist and vesiculous eczema. The powder was also sometimes used alone in the treatment of ulcerated surfaces.

Aqueous solutions of the sulphonate, two to five per cent., were employed for

saturating compresses.

The paste was made of five to ten per cent. strength, the tumenol being added to the zinc paste already prepared, or tumenol powder substituted for the usual pulverent ingredients. The consistence

of the paste is adjusted according to the kind of case treated.

Neisser says: "The properties of these forms of paste correspond for the most part to those of tumenol itself, and will certainly be the first to commend themselves to the experimenter. Whether the paste were made with tumenol or tumenol sulphone was not altogether a matter of indifference; tumenol oil is more bland than tumenol. We convinced ourselves repeatedly of the superiority of tumenol paste over the simple zinc preparation."

The tinctures were prepared as follows:

R	Tumenoli	
	Ætheris sulphurici)	
	Spirit, vini rectific aa ziji	
	Aquæ destil. aut glycerini)	
M	S. Tumenol tincture.	

The aqueous preparation when painted on the skin dries readily and completely; that containing glycerin leaves behind a somewhat sticky film suitable for holding a dusting powder.

The ointment used is made as under:

R	Tumenoli .							· 3j-3ij
	Zinci oxidi . Bism. subnitr.	•	•					l 99 7 i
	Bism. subnitr.			•	•		•	Jan 31
	Ung. lenient. Ung. simplic.			•	•	•		lag 3;
	Ung. simplic.					•		3 au 31
M	Ft. ung.							

Unguentum leniens corresponds to the English cold cream. Other ointments were prepared with vaselin, lead ointment, or other common base.—Med. Age.

CASE OF A CHILD WHO DRANK KERO-SENE OIL. - A Hindu female child, about a year and a half old, drank about two ounces of kerosene oil. The child immediately began to cry. It was brought to me at once (4.20 P. M.) smelling strongly of kerosene oil. Five grains of sulphate of zinc were at once administered, which acted freely, the vomited matter smelling of the oil. At 8 P. M., the child was restless, feverish, abdomen tympanitic and tender, face bloated. Passed a bad night, very restless, sharp fever, nausea with occasional vomiting, and suppression of urine. On the second day these symptoms gradually subsided towards evening. On the third day the child was well. The treatment, besides the emetic, was an ordinary diaphoretic with occasional addition of laudanum as

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hyste havis an in the necessity arose. Milk was freely given. Thirst was constant. The bowels were not in any way affected. Suppression of urine was a prominent symptom; no urine was voided till twenty-eight hours after drinking the oil, and when it did appear, it came in drops, although there was a constant inclination to pass water throughout. I was informed that the child had passed water shortly before drinking the oil. Hot fomentations and bottles were employed.—Calcutta Med. Reporter

ELECTRICITY FOR INTESTINAL OB-STRUCTION.—A negress aged 18 years, a house servant, was suffering with severe pains in her abdomen, mostly about the umbilical region, with occasional vomiting. Hermistress had been giving her oil and salts for several days, and enemas without any action. The patient had been suffering with obstinate constipation for several months. I gave her an enema, using a rectal tube several inches up the bowels; gave morphine and atropine hypodermically to relieve pain; gave calomel. Saw her next day; no better; stercoraceous vomiting; bowels not swollen much, but very rigid, pinched countenance; applied electricity to bowels with a portable Faradic battery for twenty minutes without any relief. I told the lady that ifthe girl was not relieved by the next day, to send her to my office. Patient was brought to me next day; I applied a strong current of electricity to the bowels, using the Tripier induction apparatus, the positive electrode over the bowels, and the negative electrode in the rectum for eighteen minutes, when the bowels moved. A quantity of hard scybalæ passed, and continued to pass for several days, and had no further trouble with stomach and bowels.—Gillespie, Memphis Med. Monthly.

A NEW AND RAPID METHOD OF RE-MOVING THE UTERUS.—At a recent meeting of the Kansas City Academy of Medicine, Dr. Emory Lanphear presented a number of fibroid tumors, sarcomata, etc., removed by a new method of abdominal hysterectomy. The abdomen and vagina having been carefully sterlized, he makes an incision in the median line, termin-

ating as close to the pubes as possible, draws the uterus with one tube and ovary to one side, and applies a clamp to the broad ligament; a strong ligature is passed a half inch away from this, including the blood vessels, and tied; the intervening tissue is then cut with scis-Upon the opposite side the same procedure is carried out. When done, the uterus (hitherto held down by the broad ligament) can be lifted up into the wound and separation from the bladder and rectum easily accomplished; these incisions, before and behind, are carried into the vagina, when a Kelly's or Polk's clamp is introduced through the vagina, as close as possible to the uterus, its points reaching the ligature already tied in the broad ligament. As soon as properly applied it is closed, and its fellow clamp inserted upon the other side, when the uterus is quickly cut away with curved scissors. The pelvis is irrigated and the abdominal wound closed, and drainage made through the vagina, as in cases of vaginal hysterectomy.

The clamps are removed in forty-eight hours. The operation can be made in twenty-five to thirty minutes, being much easier than even vaginal hysterectomy with clamps. By the rapidity allowed and by the good drainage secured, Dr. Lanphear thinks this operation can be done almost as safely as an ovariotomy—certainly as safely as a vaginal hysterectomy; and it is much preferable to any method which leaves a pedicle or stump behind. He finds it is not necessary to unite the bladder to the rectum as union takes place just as quickly

without sutures as with them.

SPECIFIC MEDICATION.—Salix nigra is indicated in nocturnal emissions accompanied with lascivious dreams, also in cases of spermatorrhœa in robust and well-nourished patients. The remedy allays irritation of the entire sexual tract, relieves and soothes an uncomfortable, sometimes distressing, mental apprehension of failing virility, and restores vigor to depressed nerves.

Ignatia is indicated in sexual irritation and debility in the female; it allays unpleasant sensations of nervous origin without organic lesion, improves the tone of the generative apparatus, and replaces morbid longing by healthy conditions.

Saw palmetto will relieve prostatic irritation, and prevent the appearance of mucous discharges with the urine. It does not reduce the size of an enlarged prostate, but allays many discomforts dependent upon that condition.

Pulsatilla is indicated in hysterical and and other nervous states which appear at the menopause; but care must be taken in its use for fear of causing extreme

hemorrhage.

For the hemmorrhages of a passive native and painful uterine contractions which frequently attended the "change of life," I have found the following of use:

R—Tr. ol. cinnamon oz. j., simple syrup oz. j., morphia sulph. grs. j. Dose, teaspoonful every two or three hours

until releived.

The editor of a Physio-Medical contemporary resents with indignation the statements of certain London and Edinburg scientists, that, lobelia will kill a hog. The editor says he has used the drug for twenty years, and thinks he ought to know.—Edectic Med. Jour.

THE VALUE OF ARISTOL IN CAT-ARRHAL AFFECTIONS .- During the final days of winter and the early weeks of spring, when catarrhal affections of the respiratory passages are an equal source of worry to physician and patient, aristol does excellent work. Dr. Porteous writes (Am. Therapist): "Aristol in post-nasal catarrh and hay-fever has acted well in my hands. After thoroughly douching the nasal and post-nasal passages; also the pharynx, with some antiseptic lotion, I apply to all available parts the powder. In no cases have I seen failure." Aristol has been equally successful in catarrhal maladies of the ear, even after the lesion has progressed into the most unsatisfactory morbid conditions. Dr. W. Byrd Scudder writes (Ec. Med. Jour., Jan. 1893): "In a suppurating middle ear where most of the membrana tympani has sloughed away, aristol may be blown in to perfectly coat all unhealthy tissue. I used it in a case of necrosis of the bones of the canal with excellent results." Dr. R. H. Gibbons recommends aristol (TIMES AND REGIS-

TER, Dec. 10, 1892), in a great variety of conditions calling for surgical treatment. He adds: "I have resorted to the use of aristol in the dressing of surfaces in the cavities of the body, those of the ear, the nose, the vagina and the rectum." His results, he writes, "have been satisfactory to an extreme degree."

NEW METHOD OF TREATING FRAC-TURED THIGH. -At the Medical Society of London, Mr. C. B. Keetley explained a new operation for maintaining the fragments in position after fracture of the femur. The operation consists in passing long steel needles through the fleshy parts into the respective fragments of bone. Mr. Keetley exhibited a case treated by the above method, and pointed out that little or no irritation was caused by the presence of the needles, and he claimed to have provided a means of combating the tendency to shortening in a class of cases in which it was otherwise almost unavoidable. Mr. Jonathan Hutchinson demurred to the proposal on the ground that the long splint, if properly applied, secured good union with a minimum of shortening. The operation is one that might be necessary in certain cases, when the fragments cannot be kept in position, but in the large majority of cases good results may be ensured by using the long splint.—Hosp. Gaz.

Howitz, of Copenhagen, reports success in treating a case of myxœdema by the use of a calf's thyroid gland as food. The gland was cleaned, cooked, hashed and made into a paste with the water in which it had been cooked. Four lobes a day were given at first, and, later, two lobes every other day. Improvement was noted in three days. An attack of urticaria occurred whenever the gland Vermehren has taken the was taken. glycerine extract of the gland, precipitated it with alcohol, and given the precipitate in pill, in doses of two to five grains; obtaining effects identical with those of Howitz.

SORE NIPPLES.—Marx objects to such manipulation before confinement as may remove the epithelial covering, as this protects the nipples. He advises also a

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food as the soli is the pad of absorbent cotton as a further protection, and forbids the use of corsets. When sore nipples develop, elevate the breast, nurse less frequently, apply five per cent. cocaine solution before nursing, and icthyol lanolin ointment when there are no fissures. For the latter, cauterize and apply aristol or balsam Peru. For mastitis fix breast and arm immovably, apply to breast iced lead water and give iodide and Rochelle salt internally.—

Med. Age.

RULES FOR PASSING THE SOUND.—

I. Place the patient in the reclining posture, and make the flexures described—at least flex the thighs.

2. Lubricate the urethra by injecting alboline, or some refined oil; if the oil is not cocainized and it is desirable to use occaine, it should be first applied.

3. Make the urethra tense by traction.

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- 4. Avoid force; go slow; be patient.5. Guide the instrument if obstructed
- 5. Guide the instrument if obstructed in the deep urethra, by the finger introduced into the rectum.
- 6. All instruments are to be made surgically clean and perfectly smooth.— Daggett, Buffalo M. & S. Jour.

TREATMENT OF PHTHISIS BY INJECTIONS.—

Guaiacol,								3 j;	
lodoform,						. 1	T	XX:	
Olive oil, Vaseline,		•					1	7 100	
Vaseline,							5	5 150.	

One to three injections daily over the scapula.

TREATMI	CI	V'	r		OF		P.	AI	M	A	R		Sype	I-
Calomel, Lanoline,												1	3j;	

Rub in each night at bedtime and put on gloves.

Cadogan-Masterson in a special article on enteric fever, says that in 1870, an English physician treated 170 cases with sulphurous acid, with but one death, and that, of a broken-down drunkard. To relieve the tympanites, he uses turpentine in starch enemas. He lays great stress on the diet, giving only such food as cannot pass into the bowel in the solid form. The white of egg is the perfect food here. "The two

factors which make enteric fever fatal are not pathological but dietetic: milk and beef-tea."

Brain Itch.—Bremer (Review of Insanity) mentions several cases of pruritus dependent on central nerve lesions, associated with mental aberration or with neurasthenia. For this and all other forms of pruritus he recommends the warm bath, with starch and soda.

News.

Leprosy is spreading in Canada.

Dr. E. F. Brush, is Mayor of Mount Vernon, West Chester Co., New York.

Crandall describes (N. Y. Polyclinic) the case of a new born infant affected with tertian ague.

Compulsory notification of infectious diseases cost the City of Aberdeen over \$3000 for the last half of 1892. An epidemic of measles occasioned the heavy outlay.

Sir Dyce Duckworth objects to the substitution of the term appendicitis for typhlitis. He says the former word is an "Americanism." And to think that we have been using the word right along!

Brown-Séquard says that injections of testicle juice have proved very successful with a case of uterine cancer.

Harriet Hubbard Ayer is in an insane asylum, suffering with melancholia.

Lewin objects strongly to circumcision as a sanitary measure. By removing the prepuce the glands of Tyson are lost, the fat is lost and there is a resistant cicatrix left. The Bible does not refer to the operation as conducive to health, but was at first only a compromise with Moloch for the sacrifice of the first born. As a religious rite it is a relic of heathenism; as a hygiene measure it is injurious; while as a prophylactic, it is a measure designed to encourage illegal sexual intercourse.

Dr. Cass Hamilton, of Cleveland, has been held on the charge of causing the death of Mrs. Smythe by morphine. The doctor is said to be an heir under her will.

The Tabernacle, presided over by Talmage, is in financial difficulties, and he says it must have help or stop. Why does he not apply to Keeley? Talmage gave the gold-cure a great advertisement, and Keeley ought to show a decent sense of gratitude, all the more since the unblushing endorsement of arrant quackery was not calculated to induce sensible people to contribute to the Tabernacle.

Chicago is very anxious to disguise the disagreeable fact of the prevalence of typhoid fever at the present most inopportune moment. It seems that last year the number of deaths at Chicago from this cause amounted to 1479, while in New York, with a population half as numerous again, the number did not exceed 400. Visitors who escape typhus at New York may therefore succumb to typhoid at Chicago and vice versa. This is hardly an encouraging prospect!—Med. Press.

To Suppress "Vaseline."—Doctors should not prescribe nor druggists order cosmoline, vaseline, densoline, saxoline, petroline or any other *line* hitched on to some prefix. Petrolatum is the proper name, the official name if you please, the name given by the Pharmacopæia, and petrolatum is the name that should be used when you desire to designate the refined residue left after the distillation of the more volatile parts of petroleum.—*Indiana Pharmacist*.

Some Queer Trades.—There exist many odd trades concerning which the most absolute ignorance prevails on the part of the public. There lives in Philadelphia an old Frenchman who has followed the same trade for over a quarter of a century. The signboard over his door bears the simple legend "M. de Blanque, Parfumerie." He runs this little shop principally as a decoy, for he has found it necessary to ply his queer trade "on the quiet." In a rear room the walls are decorated with skeletons in all sorts of grotesque positions.

Four hideous skulls grin from the posts of the bed, and close by stands a skeleton with arms outstretched, doing duty as a clothesrack, the room being lit by a lamp made of a skull which is suspended from the ceiling with thongs of tanned When the Knights of human hide. Pythias were organized some years ago the demand for skeletons increased, as they were used to a great extent in the lodgerooms. De Blanque prospered, as a consequence. The price of skeletons varies according to their degree of hardness and whiteness. The genuine imported article costs anywhere from thirty to thirty-five dollars, and the domestic twenty dollars, but the trade is about lost to this country, because they can set up a skeleton so much cheaper in France. There are old-teeth dealers who sell the product of many aching jaws to these articulators for as much as a dollar a quart. They have often to buy more than this to get a tooth to suit, for a skeleton with a full set of teeth is worth half again its value otherwise.

PAN-AMERICAN CONGRESS BULLETIN (Section on Medical Pedagogics).—The Pedagogic section will devote its attention especially to the history of the development of medical education in America.

In the papers presented by leading teachers recent advances in methods of instruction will be considered.

The art of teaching, which is regarded as a study of great interest in other branches of learning, has received hitherto but little attention from the medical profession.

The section in medical pedagogics will therefore be made a prominent feature of the Congress and it is hoped that those interested in medical education will cooperate in the work of this section by being present and by actively engaging in the discussion of subjects presented.

Any inquiries or communications may be made through the secretaries undersigned:

J. Collins Warren, M.D., Executive President, Boston, Mass.; Charles Scudder, M.D., English Speaking Sec'y, Boston, Mass.; Wm. F. Hutchinson, M.D., Spanish Speaking Sec'y, Providence, R. I.